DR Screening and Treatment Programs: Lessons Learned

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Important considerations for DR

Most people screened will not need treatment. Need to screen about 20 people to find one who needs laser.

Screening has to happen over and over again and has costs associated with it.

Most treatment prevents vision loss, does not restore lost vision.
Prevalence of any retinopathy among diabetics
Prevalence of vision threatening retinopathy among diabetics
Partnership

Committed to the process

Available personnel to either be trained or to do the work

Staffing (including management)
Population

Need large numbers with diabetes to justify telemedicine

Eye hospitals?

Endocrine?

Screening camps?

Establishing routine screening is a challenge
Image acquisition

Camera selection and purchase

Personnel

IT infrastructure
Image assessment

Graders...training, certification, re-assessment

Repeat training as graders turnover

Retina faculty to re-check
Data management

• Need to track the entire process

• $$$

• Many challenges here
Patient tracking

Screening and re-screening

Treatments obtained

Issues with obtaining treatment
Provision of care

Purchase of laser

Training of those providing treatment

Availability of those providing treatment

Cost!
Important themes

Partners are often enthusiastic but may not commit the resources necessary

Managing these projects is a full-time job

Personnel: can change over time, may not have control over hiring and firing

Ideal protocols are frequently not followed
Important themes

Cost recovery sounds good, but is very hard to implement

Tracking patients is difficult

Transferring responsibility to the partner can lead to less focus on the program
Costs and benefits

Institutions see the day-to-day cost of personnel, equipment and space

Downstream income from increased care may not be recognized
Major opportunities for growth

Centralized training and certification process

Inexpensive and simple tracking software

Universal ID

Revenue generation

Low cost cameras